

2009

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

09 JUN -2 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L08000086306
1. Entity Name
MDV Consulting Group, LLC

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business	3. Mailing Address
875 Concourse Pkwy. So.	875 Concourse Pkwy. So.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 125	Suite 125
City & State	City & State
Maitland, FL	Maitland, FL
Zip	Zip
Country	Country
32751-6150 USA	32751-6150 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
26-3336612	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE	
7. Name and Address of Current Registered Agent	
Name	
del Valle, Manuel R.	
Street Address (P.O. Box Number is Not Acceptable)	
7300 N.W. 19th St.	
Suite 101	
City	Zip Code
Miami	FL 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.
DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2009 Fee will be \$538.75 Make Ck. Payable to Fla. Dept. of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MgrM
NAME	del Valle, Manuel C.
STREET ADDRESS	640 Old Horatio Ave.
CITY - ST - ZIP	Maitland, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.
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SIGNATURE: 	Manuel C. del Valle	321-559-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date
		Daytime Phone #

CR2E083B (12/02)